

HMO Summary of Contracted Health Professionals

Name of Applicant: _____

For each county in the applicant's requested service area, provide the types and numbers of contracted health professionals.

A. Primary Care:	County:	County:	County:
1) Family Practice			
a) Nurse Practitioner			
b) Physician Assistant			
2) General Practice			
a) Nurse Practitioner			
b) Physician Assistant			
3) Internal Medicine			
4) OB/GYN			
5) Pediatric			
B. Specialists in the following areas:			
1) Allergy			
2) Anesthesiology			
3) Cardiothoracic Surgery			
4) Cardiovascular Disease			
5) Certified Nurse Midwives			
6) Critical Care			
7) Dermatology			
8) Emergency Medicine			
9) Endocrinology			
10) Gastroenterology			
11) General Surgery			
12) Gynecology			
13) Hand Surgery			
14) Hematology			
15) Immunology			
16) Infectious Disease			
17) Internal Medicine			
18) Medical Genetics			
19) Medical Oncology			
20) Neonatal Medicine			
21) Nephrology			
22) Neurology			
23) Obstetrics			
24) Obstetrics & Gynecology			
25) Occupational Medicine			
26) Ophthalmology			
27) Orthopedic Surgery			
28) Otolaryngology			
29) Pain Medicine			

30) Pediatric Sub-specialists			
a)			
b)			
c)			
31) Plastic Surgery			
32) Proctology			
33) Psychiatry			
34) Podiatry			
35) Pulmonary Specialists			
36) Radiology			
37) Rheumatology			
38) Sports Medicine			
39) Surgical Oncology			
40) Urologists			
41) Vascular Medicine			
42) Other:			
43) Other:			
44) Other:			
45) Other:			

Officer Certification: I certify that the information reported is complete and correct.

Signature of Officer

Date Signed

Officer Name and Title

(type or print)

Telephone Number: _____

E-mail Address: _____

Contact Person

(type or print)

Telephone Number: _____

E-mail Address: _____

PA 252 of 2000 requires submission of this form. Failure to complete and submit this form could result in a denial of the application for a certificate of authority.



Michigan Department of Labor & Economic Growth

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